



STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

Arizona Corporation Commission



00272443

DUE ON OR BEFORE 04/16/2001

FY00-01

FILING FEE \$10.00

The following information is required by A.R.S. §10-1622 & §10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

RECEIVED

MAR 07 2001

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

-0083930-8

1. COLONIA DEL SUR HOME OWNERS ASSOCIATION,
% TRI-CITY PROPERTY MGMT INC.
MESA, AZ 85204

Business Phone: _____ (Business phone is optional.)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

2. Arizona Statutory Agent: ~~PHYLLIS KENDLER~~ PHYLLIS CARPENTER
Street Address: **760 S STAPLEY**
(NOT P.O. BOX)
City, State, Zip: **MESA AZ 85204-3400**

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10
Penalty \$ _____
Reinstate \$ _____
Expedite \$ _____
Resubmit \$ _____

If appointing a new statutory agent, the new agent **MUST** consent to that appointment by signing below:

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

X Phyllis Carpenter
Signature of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|---|--|
| ☐ 1. Accounting | ☐ 20. Manufacturing |
| ☐ 2. Advertising | ☐ 21. Mining |
| ☐ 3. Aerospace | ☐ 22. News Media |
| ☐ 4. Agriculture | ☐ 23. Pharmaceutical |
| ☐ 5. Architecture | ☐ 24. Publishing/Printing |
| ☐ 6. Banking/Finance | ☐ 25. Ranching/Livestock |
| ☐ 7. Barbers/Cosmetology | ☐ 26. Real Estate |
| ☐ 8. Construction | ☐ 27. Restaurant/Bar |
| ☐ 9. Contractor | ☐ 28. Retail Sales |
| ☐ 10. Credit/Collection | ☐ 29. Science/Research |
| ☐ 11. Education | ☐ 30. Sports/Sporting Events |
| ☐ 12. Engineering | ☐ 31. Technology(Computers) |
| ☐ 13. Entertainment | ☐ 32. Technology(General) |
| ☐ 14. General Consulting | ☐ 33. Television/Radio |
| ☐ 15. Health Care | ☐ 34. Tourism/Convention Services |
| ☐ 16. Hotel/Motel | ☐ 35. Transportation |
| ☐ 17. Import/Export | ☐ 36. Utilities |
| ☐ 18. Insurance | ☐ 37. Veterinary Medicine/Animal Care |
| ☐ 19. Legal Services | ☐ 38. Other _____ |

NON-PROFIT CORPORATIONS

- | |
|--|
| ☐ 1. Charitable |
| ☐ 2. Benevolent |
| ☐ 3. Educational |
| ☐ 4. Civic |
| ☐ 5. Political |
| ☐ 6. Religious |
| ☐ 7. Social |
| ☐ 8. Literary |
| ☐ 9. Cultural |
| ☐ 10. Athletic |
| ☐ 11. Science/Research |
| ☐ 12. Hospital/Health Care |
| ☐ 13. Agricultural |
| ☐ 14. Animal Husbandry |
| ☒ 15. Homeowner's Association |
| ☐ 16. Professional, commercial
industrial or trade association |
| ☐ 17. Other _____ |

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

- 0083930 - 8

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

N/A

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

N/A

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. **Please Type or Print Clearly.**

Name: _____

Name: _____

NONE ☒

Name: _____

Name: _____

7. OFFICERS**Please Type or Print Clearly.**

SEE ATTACHED SCHEDULE.

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

8. DIRECTORS**Please Type or Print Clearly.**

SEE ATTACHED SCHEDULE.

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

✓
COLONIA DEL SUR I
BOARD OF DIRECTORS
ANNUAL MEETING MARCH 29, 2000

PRESIDENT

PETE CHAPIN
6601 S. MARILYN
TEMPE, AZ. 85283

838-4392 (H)

TERM EXPIRES

2001

VICE PRESIDENT

RICHARD SIMON
1720 E. ALAMEDA DR
TEMPE, AZ. 85283

839-5873 (H)

602-305-8080 (W)

TERM EXPIRES

2002

SECRETARY/TREASURER

NERIA RYDER
2620 S. AZALEA
TEMPE, AZ. 85282

968-1610 (H)

844-5900 (W)

TERM EXPIRES

2002

DIRECTORS

NATALIE NEELEY
2612 S. AZALEA
TEMPE, AZ. 85282

966-7526 (H)

TERM EXPIRES

2003

BETTY NERING
1714 E. GAYLON
TEMPE, AZ. 85282

966-0389

TERM EXPIRES

2002

DOROTHY HOOVER
1726 E. GAYLON
TEMPE, AZ. 85282

966-4933

TERM EXPIRES

2003

SUSAN STULTZ
2647 S. ALDER
TEMPE, AZ. 85282

755-8057

TERM EXPIRES

2003

CICCINA CIOLLELO
2722 S. AZALEA
TEMPE, AZ. 85282

777-2884

TERM EXPIRES

2001

ROSE SINGBUSH
2702 AZALEA
TEMPE, AZ. 85282

752-9387

TERM EXPIRES

2001

(PREVIOUS VACANCY EXPIRED 1998)

VACANCY (Position held by Tim Hegarty who resigned November 1999) TERM EXPIRES 2001

7. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-1081.A.6.)

You must submit a statement of the corporation's financial condition. Any reasonable schedule will be accepted provided it reflects the intent of the law, as determined by the Commission. Several suggestions for information you may submit to satisfy this requirement include the following:

Attach a copy of Page 2, Form 99 filed with the Arizona Department of Revenue; OR
 a copy of the corporation's Charitable Organization Financial Statement as filed with the Arizona Secretary of State pursuant to A.R.S. §44-6552; OR
 a copy of your treasurer's report (or financial statement) prepared for this fiscal year; OR
 a copy of the financial statement you prepare for the benefit of your members; OR
 You may simply use the Balance Sheet below.

BALANCE SHEET**ASSETS****Current Assets:**

Cash	127,566.00	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories		
Other current assets		
Total Current Assets		\$ 127,566.00

Land, buildings and other fixed assets
(net of accumulated depreciation)

Other long-term assets

Total Assets **\$ 127,566.00**

LIABILITIES**Current Liabilities:**

Accounts Payable	\$	
Mortgages, notes, bonds (payable in less than 1 year)		
Other current liabilities		
Total Current Liabilities		0.00

Mortgages, notes, bonds (payable in more than 1 year)
Fund Balances:

Restricted
Unrestricted

> 127,566.00

Total Fund Balances **127,566.00**

Total Liabilities and Fund Balances **\$ 127,566.00**

Unaudited - See CPA's compilation report.

CLYDE H. RAYMOND, CPA

MEMBER OF THE AMERICAN INSTITUTE OF CPAs

6728 EAST AVALON DRIVE • SCOTTSDALE, ARIZONA 85251 • 949-7862

February 12, 2001

Arizona Corporation Commission

Re: Annual report of COLONIA DEL SUR HOME OWNERS ASSOCIATION, INC.
As of December 31, 2000

I have compiled the statement of financial condition - balance sheet (Section H) of the above named company for the date indicated above and included in the accompanying prescribed form, in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

My compilation was limited to presenting in the form prescribed by the Arizona Corporation Commission information that is the representation of management. I have not audited or reviewed the financial statement referred to above and, accordingly, do not express an opinion or any other form of assurance.

This financial statement is presented in accordance with the requirements of the Arizona Corporation Commission, which differ from generally accepted accounting principles and do not include all the disclosures required by generally accepted accounting principles. Accordingly, this financial statement is not designed for those who are not informed about such differences.



Certified Public Accountant

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

Nonprofit corporations **must attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only

This corporation **does** ☒ **does not** ☐ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to profit corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:

- (a) fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) the consumer fraud laws of that jurisdiction, or
- (c) the antitrust or restraint of trade laws of that jurisdiction?

One box **must** be marked:

YES ☐

NO ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

One box **must** be marked:

YES ☐

NO ☒

Chapter _____

Date Filed _____

Case Number _____

If "YES", the following information **must be submitted** as an attachment to this report for each person subject to the statement above.

- 1) The names and addresses of each corporation and the person or persons involved.
- 2) The state in which each corporation was incorporated b) transacted business.
- 3) The dates of corporate operation.

12. SIGNATURES

CAUTION: Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures will be rejected.

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name MARIA K. RYDER Date 3/6/01 Name _____ Date _____

Signature Maria K. Ryder Signature _____

Title Secretary-Treasurer Title _____

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)